FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000017599 (9)

1. Corporation Name
HAEMASIN U.S.A., INC.

Principal Place of Business	Mailing Address
~~2170 W STATE RD 434~~ ~~STE 200~~ ~~LONGWOOD FL 32779~~	~~2170 W STATE RD 434~~ ~~STE 200~~ ~~LONGWOOD FL 32779~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1641 Edleshearan Road	26 P.O. Box 2616
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lake Mary, FL	28 Lake Mary, FL
24 Zip 32746 / 25 Country USA	29 Zip 32795-2616 / 30 Country USA

4. FEI Number: 59-3235845 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~LAWHON, CYNTHIA G~~
~~2170 W STATE RD 434~~
~~STE 200~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1025 Piedmont Oaks Drive
83
84 City: Apopka FL 85 Zip Code: 32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	FRANKUM, JOHN	1.2 NAME	
STREET ADDRESS	~~2170 W STATE RD 434 #200~~	1.3 STREET ADDRESS	P.O. Box 2616
CITY-ST-ZIP	~~LONGWOOD FL 32779~~	1.4 CITY-ST-ZIP	Lake Mary, FL 32795-2616
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	~~SMOLEV, IRA~~	2.2 NAME	
STREET ADDRESS	~~1400 S OCEAN BLVD #106N~~	2.3 STREET ADDRESS	REMOVE TOTALLY
CITY-ST-ZIP	~~BOCA RATON FL 33432~~	2.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	3.1 TITLE	Secretary/Treasurer ☐ Change ☐ Addition XX
NAME		3.2 NAME	LAWHON, CYNTHIA G.
STREET ADDRESS		3.3 STREET ADDRESS	P. O. Box 2616
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake Mary, Florida 32795-2616
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia G. Lawhon Cynthia G. LAWHON 4/6/95 (407) 829-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044720 CP